

# Emdeon ePayment Enrollment and Authorization Form

## Instructions

Providers can switch from paper to electronic payments by enrolling in Emdeon ePayment in four easy steps! If you have questions about this Emdeon ePayment Enrollment and Authorization Form, can't locate your username or password for the Emdeon ePayment Online Enrollment Tool or if you need help accessing Emdeon Payment Manager, please call **866.506.2830** and select option 1.

### Step 1 - Pick an Enrollment Method and Initiate Enrollment

You have two options for enrollment. You can enroll online or simply submit the Emdeon ePayment Enrollment and Authorization Form and return it via email. This form is designed for small provider organizations that have a single Tax ID, NPI and Bank Account. Larger provider organizations, that need to enroll with more than one Tax ID, NPI or Bank Account should enroll online.

#### How to Enroll Online (Recommended)

Complete the Emdeon ePayment Enrollment and Authorization form at [www.emdeon.com/eft](http://www.emdeon.com/eft). After your information is verified, you will receive an email with your account information and instructions for completing your enrollment.

#### How to Submit the Emdeon ePayment Enrollment and Authorization Form by Email

This Emdeon ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using your computer online and insert a digital signature. Email your completed Emdeon ePayment Enrollment and Authorization Form as an attachment to [EFTEnrollment@Emdeon.com](mailto:EFTEnrollment@Emdeon.com).

**NOTE:** By submitting this enrollment form, you are agreeing to enroll for all payers managed by Emdeon EFT Enrollment plus any Direct Payment Payers you select on page 6 of this document. To see a complete list of EFT Enabled payers, please visit our [payer list](#). If you wish to selectively manage those enrollments, please enroll online.

### Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Emdeon will make a small deposit in your designated bank account with the reference note "EFT Enroll". After this has been deposited into your designated account, please call **866.506.2830** for verification purposes. Upon confirmation of the deposit amount, if you are an existing Payment Manager user, your services will be enabled under the assigned account. If you are a new Payment Manager user, you will be given a username and password for your new account.

### Step 3 - Start using Emdeon Payment Manager to Search, View, Download and Print ERAs

You may access Emdeon Payment Manager <https://www107.medi.com/Portal/AccountLogin.faces> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Emdeon Payment Manager, visit <http://www.emdeon.com/support/demos/paymentmanager/>.

Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Emdeon.

### Step 4 - Contact your Financial Institution to Receive the CCD+ Reassociation Number

To reassociate payments and ERAs, a CCD+ Reassociation Number has been created and passed to your financial institution. To begin receiving this number, you must contact your financial institution and request it

To resolve a late or missing payment or ERA, please contact the EFT enrollment team at **866.506.2830**.

For a complete list of EFT enabled payers, please visit our [Payer List](#).

# Attachment I: Provider Information

Detailed field descriptions can be found at the end of this document beginning on page 8.

Check here if you are updating existing enrollment information.

Provider Information	
Provider Name	
Doing Business As Name (DBA)	
Provider Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	

Provider Identifiers Information		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		
Other Identifier(s)		
	Assigning Authority	Trading Partner ID
65093	Advocate Health Partners	
36320	Advocate HPO	
13334	Affinity	
93044	A&I Benefit Plan Administrators, Inc.	
37308	Allied Benefit Systems, Inc	
27514	Amerigroup	
77002	AmeriHealth Caritas District of Columbia	
77075	AmeriHealth Caritas Iowa	
27357	AmeriHealth Caritas Louisiana	
77001	AmeriHealth Caritas Northeast	

List continues on the next page

## Provider Identifiers Information

	Assigning Authority	Trading Partner ID
22248	AmeriHealth Caritas Pennsylvania	
77013	AmeriHealth Caritas VIP Care Plus	
22355	AmeriHealth VIP Care	
77007	Amerihealth VIP Care – DC	
77006	Amerihealth VIP Care – LA	
52312	Arbor Health Plan	
39185	Arise Health Plan	
SB580	CareFirst	
65391	CBHNP- Amerihealth	
35112	Employee Plans, LLC	
49096	FirstCare Health	
37510	First Choice VIP Care	
77009	First Choice VIP Care Plus – SC	
26492	Florida True Health, Inc.	
44054	GEHA	
99208	Hawaii Medical Assurance Association (HMAA/HWVG)	
56144	Healthgram Primary Physicians Care	
96475	HealthLink	
77050	Healthy PA	
77051	Healthy PA	
11324	Health Plus	
11328	Healthcare Partners IPA	
22326	Horizon NJ Health	
13335	Hudson Health Plan	
SX073	Independent Health	
36342	IPMG	
52189	Johns Hopkins Healthcare (EHP/PP)	
52123	Johns Hopkins Healthcare (USFHP)	
23284	Keystone Mercy Health Plan	
84223	Keystone VIP Choice	
20475	MDwise Excel Network	
EM350	Med3000 CMS Early Steps	
EM284	Med3000 CMS Safety Net	
EM843	Med3000 CMS Title 19 Reform	
EM205	Med3000 CMS Title 21	
EM039	Med3000 Medicare Title 19	
EM522	Med3000 Medicare Title 21	
56205	MedCost Benefit Services (MBS)	
MAHCI	Medical Associates Health Plan/ Preferred Health Choices	
04332	Network Health	

List continues on the next page

## Other Identifier(s)

Assigning Authority		Trading Partner ID
61129	Passport Health Plan	
TH131	Physicians United Plan	
33081	Pinnacle	
CX078	Premier Dental	
77003	Prestige Health Choice	
38303	Professional Benefit Services, Inc.	
23342	QualCare, Inc.	
72261	SCAN Health Plan	
23285	Select Health of South Carolina	
63114	Viva Health	
24735	Western Growers	
62153	Windsor Medicare Extra	

License Number	
License Issuer	
Provider Type	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy
Provider Taxonomy Code	

## Provider Contact Information

Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

## Provider Agent Information

Provider Agent Name	
<b>Provider Agent Address</b>	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	
Provider Agent Contact Name	
Provider Agent Contact Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

## Retail Pharmacy Information

Pharmacy Name	
Chain Number	
Parent Organization ID	
Payment Center ID	
NCPDP Provider ID Number	
Medicaid Provider Number	

## Financial Institution Information

### Financial Institution Account # 1

Financial Institution Name	
<b>Financial Institution Address</b>	
Street	
City	
State/Province	
Zip Code/Postal Code	
Financial Institution Telephone Number	
Telephone Number Extention	
Financial Institution Routing Number	
Type of Account at Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier	<input type="checkbox"/> Provider Tax Identification Number (TIN)
	<input type="checkbox"/> National Provider Identifier (NPI)

## Emdeon ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that the provider has read, agrees that it is subject to and agrees to comply with the Emdeon General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for Emdeon.com. To view the Emdeon General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit:

[www.emdeon.com/epayment/terms](http://www.emdeon.com/epayment/terms). To view the Privacy Policy for Emdeon.com, please visit [www.emdeon.com/privacy](http://www.emdeon.com/privacy). In addition,

by signing below, Provider represents and warrants that all of the information that it is providing to Emdeon is accurate and complete. In furtherance of the ePayment Services, Provider authorizes Envoy LLC or one of its Affiliates to initiate ACH debit and credit entries to the above account(s) at the above depository financial institution(s). Provider acknowledges that the origination of ACH transactions to the above account(s) must comply with the provisions of U.S. law. Provider also acknowledges that in the provision of the ePayment Services, the Provider's enrollment information will be made available to the Payers making payment to the Provider through the ePayment Services.

If Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Emdeon a new Attachment 2. Letters or other forms of communications will not be accepted. Any subsequent Attachment 2 supersedes any previously submitted Attachment 2. **CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE NEW ATTACHMENT WILL NOT BE RECOGNIZED.**

Please check the box below if you have elected to receive payments from Direct Payment Payers.

I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Attachment 3 for all benefits payments. Provider acknowledges that the origination of ACH transactions to the above accounts must comply with the provisions of U.S. law. This agreement will remain in effect until I notify the Direct Payment Payer(s) of the desire to cancel or change this service or until I am notified by Direct Payment Payer(s) that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed.

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

IN WITNESS WHEREOF, the parties have caused this Emdeon ePayment Enrollment and Authorization Form to be executed by their respective duly authorized representatives.

## Submission Information

Reasons for submission	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
Authorized Signature			
Printed Title of Person Submitting Enrollment			
Submission Date			
Requested EFT Start / Change / Cancel Date			

## Table I: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Emdeon. If you select a payer below, that payer will pay you directly and Emdeon shall not be involved in any of their payment transactions. As such, Emdeon makes no representations or warranties regarding the payment services provided by the payers set forth below.

Check Below to Enroll	Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	LOB
<input type="checkbox"/>	60054	Aetna	NPI - (R)	Provide a voided check or banking letter (Photocopies are acceptable). Ensure the routing and account information on the check matches the bank account you designate to receive EFT payments from Aetna. If you are providing a banking letter instead of a voided check, please ensure it is printed on your bank's letterhead and includes your routing number, account number, the account holder's name and is signed by an authorized bank representative.	M
<input type="checkbox"/>	27514	Amerigroup	Legacy PIN – (R)	Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.	M, H
<input type="checkbox"/>	SB580	CareFirst	NPI – (R) and Provider Group Number	Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not yet enrolled and want to enroll for both ERA and EFT from CareFirst please check the following box. <input type="checkbox"/> (You will receive CareFirst ERAs through Emdeon if this box is checked.)	M, H
<input type="checkbox"/>	25133	Coventry Health Care	Tax ID - (R), NPI - (O)	Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.	M, H
<input type="checkbox"/>	61101	Humana Inc.	N/A	Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting Humana EFT. Are you currently setup for ERAs with Humana? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not yet enrolled and want to enroll for both ERA and EFT from Humana please check the following box. <input type="checkbox"/> (You will receive Humana ERAs through Emdeon if this box is checked.)	M, H
<input type="checkbox"/>	74289	MHNet	Tax ID - (R), NPI - (O)	Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.	M, H

## CORE-required Maximum EFT Enrollment Data Set

The following table is taken directly from CORE Operating Rule 380 and identifies all details related to the fields contained within this document.

**Table 4.2-1 CORE-required Maximum EFT enrollment Data Set**

Individual Data Element Name (Term)	Sub-element Name (Term)	Data element Description	Data Type and Format  (Not all data elements require a format specification)	Data Element Requirements for health Plan Collection  (Required/Optional for plan to collect)	Data Element Group Number  (DEG)
<b>PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)</b>					
<b>Provider Name</b>		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
<b>Doing Business As Name (DBA)</b>		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.	Alphanumeric	Optional	DEG1
<b>Provider Address</b>				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG1
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 10 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code16	Alphanumeric, characters	Optional	DEG1
<b>PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)</b>					
<b>Provider Identifiers</b>				Required	DEG2
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric, 9 digits	Required	DEG2

Table continues on the next page



	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2
<b>Other Identifier(s)</b>				Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the providers clearinghouse or vendor		Optional	DEG2
<b>Provider License Number</b>				Optional	DEG2
	License Issuer			Required if License Number is collected	DEG2
<b>Provider Type</b>		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
<b>Provider Taxonomy Code</b>		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional	DEG2

**PROVIDER CONTACT INFORMATION**  
(Data Element Group 3 is an Optional DEG)

<b>Provider Contact Name</b>		Name of a contact in provider office for handling EFT issues		Required	DEG3
	Title			Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3

Table continues on the next page

**PROVIDER AGENT INFORMATION**  
(Data Element Group 4 is an Optional DEG)

<b>Provider Agent Name</b>		Name of provider's authorized agent	Alphanumeric	Required	DEG4
<b>Agent Address</b>				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG4
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities			DEG4
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG4
<b>Provider Agent Contact Name</b>		Name of a contact in agent office for handling EFT issues		Required	DEG4
	Title			Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4

**FEDERAL AGENCY INFORMATION**  
(Data Element Group 5 is an Optional DEG)

DATA ELEMENT GROUP 5 HAS BEEN INTENTIONALLY OMITTED FROM THIS DOCUMENT AS WE DO NOT COLLECT THE INFORMATION CONTAINED WITHIN.

**RETAIL PHARMACY INFORMATION**  
(Data Element Group 6 is an Optional DEG)

<b>Pharmacy Name</b>		Complete name of pharmacy	Alphanumeric	Required	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6

Table continues on the next page

	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
<b>NCPDP Provider ID Number</b>		The NCPDP-assigned unique identification number	Alphanumeric	Optional	DEG6
<b>Medicaid Provider Number</b>		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6

**FINANCIAL INSTITUTION INFORMATION**  
(Data Element Group 7 is a Required DEG)

<b>Financial Institution Name</b>		Official name of the provider's financial institution		Required	DEG7
<b>Financial Institution Address</b>				Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7
	City	City associated with receiving depository financial institution address field	Alphanumeric	Required	DEG7
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG7
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG7
<b>Financial Institution Telephone Number</b>		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7
<b>Financial Institution Routing Number</b>		A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	Required	DEG7
<b>Type of Account at Financial Institution</b>		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
<b>Provider's Account Number with Financial Institution</b>		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
<b>Account Number Linkage to Provider Identifier</b>		Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		Required; select from one of the two below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7

Table continues on the next page

**SUBMISSION INFORMATION**  
(Data Element Group 8 is a Required DEG)

<b>Reason for Submission</b>				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8
<b>Include with Enrollment Submission</b>				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
<b>Authorized Signature</b>		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG8
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
<b>Submission Date</b>		The date on which the enrollment is submitted	CCYYMMDD	Optional	DEG8
<b>Requested EFT Start/ Change/ Cancel Date</b>		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8